

Amendment No. 3 to the  
Agreement Between  
Michigan Department of Community Health  
and  
Real Alternatives  
for  
Michigan Pregnancy and Parenting Support Services Program

1. Period of Agreement

This agreement shall commence on October 1, 2013 and continue through September 30, 2015. This agreement is in full force and effect for the period specified.

2. Program Budget and Agreement Amount

This amendment does not change the total or Department's original agreement amount.

3. Amendment Purpose

The purpose of the amendment is to modify the budget categories to reflect current spending, as shown on the Attachment B budget pages.

4. **Original Agreement Conditions**

It is understood and agreed that all other conditions of the original agreement remain the same.

5. **Special Certification**

The individual or officer signing this amendment certifies by his or her signature that he or she is authorized to sign this amendment on behalf of the responsible governing board, official or Grantee.

6. **Signature Section**

**For the Michigan Department of Community Health**

Kristi Broessel 4/28/15  
Kristi Broessel, Director, Grants and Purchasing Division Date

**For the GRANTEE:**

KEVIN I. BAGATTA PRESIDENT & CEO  
Name (print) Title (print)  
Kevin I. Bagatta 4/22/15  
Signature Date

# PROGRAM BUDGET SUMMARY

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

View at 100% or Larger

Use WHOLE DOLLARS Only

ATTACHMENT B.1

PROGRAM <b>Michigan Pregnancy &amp; Parenting Support Services</b>			DATE PREPARED <b>4/10/2015</b>		Page <b>1</b>	Of <b>1</b>
CONTRACTOR NAME <b>Real Alternatives</b>			BUDGET PERIOD From: <b>Oct. 1, 2013</b> To: <b>Sep. 30, 2015</b>			
MAILING ADDRESS (Number and Street) <b>7810 Allentown Blvd, Ste 304</b>			BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT		AMENDMENT # <b>3</b>	
CITY <b>Harrisburg</b>	STATE <b>PA</b>	ZIP CODE <b>17112</b>	FEDERAL ID NUMBER <b>23-2868660</b>			
EXPENDITURE CATEGORY					TOTAL BUDGET (Use Whole Dollars)	
1. SALARY & WAGES						
2. FRINGE BENEFITS						
3. TRAVEL						
4. SUPPLIES & MATERIALS						
5. CONTRACTUAL (Subcontracts/Subrecipients)						
6. EQUIPMENT						
7. OTHER EXPENSES						
Administrative Expenses			\$105,000		\$105,000	
Services Expenses			\$595,000		\$595,000	
8. (Sum of Lines 1-7)			\$700,000	\$0	\$0	\$700,000
9. INDIRECT COSTS: Rate #1 %						
INDIRECT COSTS: Rate #2 %						
10. TOTAL EXPENDITURES			\$700,000	\$0	\$0	\$700,000

SOURCE OF FUNDS:

11. FEES & COLLECTIONS				
12. STATE AGREEMENT		\$700,000		\$700,000
13. LOCAL				
14. FEDERAL				
15. OTHER(S)				
16. TOTAL FUNDING		\$700,000	\$0	\$700,000

AUTHORITY: P.A. 368 of 1978

COMPLETION: Is Voluntary, but is required as a condition of funding.

The Department of Community Health is an equal opportunity employer, services and programs provider.

DCH-0385(E) (Rev. 08/07) (Excel) Previous Edition Obsolete.

**PROGRAM BUDGET - COST DETAIL SCHEDULE**

ATTACHMENT B.2

View at 100% or Larger

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

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Use **WHOLE DOLLARS Only**

PROGRAM <b>Michigan Pregnancy &amp; Parenting Support Services</b>		BUDGET PERIOD		DATE PREPARED
		From: <b>Oct. 1, 2013</b>	To: <b>Sep. 30, 2015</b>	<b>4/10/2015</b>
CONTRACTOR NAME <b>Real Alternatives</b>		BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENOMENT		AMENDMENT # <b>3</b>
<b>1. SALARY &amp; WAGES:</b>		<b>POSITIONS REQUIRED</b>		<b>TOTAL SALARY</b>
POSITION DESCRIPTION		COMMENTS		
President & CEO				\$ 26,700
Vice President - Administration				\$ 5,423
Assistant Director of Finance				\$ 1,777
Accountant				\$ 2,600
Bookkeeper				\$ 1,400
Accrued Vac & Sick				\$ 238
		<b>1. TOTAL SALARY &amp; WAGES:</b>		<b>0.000 \$ 38,138</b>
<b>2. FRINGE BENEFITS: (Specify)</b>				
<input checked="" type="checkbox"/> FICA		<input checked="" type="checkbox"/> LIFE INS		
<input checked="" type="checkbox"/> UNEMP		<input checked="" type="checkbox"/> VISION		
<input checked="" type="checkbox"/> RETIREM		<input checked="" type="checkbox"/> DENTAL		
<input checked="" type="checkbox"/> HOSPITA		<input checked="" type="checkbox"/> WORK COMP		
		<input type="checkbox"/> HEARING		
		<input checked="" type="checkbox"/> OTHER: spe		
		<b>2. TOTAL FRINGE BENEFITS:</b>		<b>\$ 13,435</b>
<b>3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)</b>				
				\$ 3,500
		<b>3. TOTAL TRAVEL:</b>		<b>\$ 3,500</b>
<b>4. SUPPLIES &amp; MATERIALS: (Specify if category exceeds 10% of Total Expenditures)</b>				
Office Expense				\$ 12,048
Computer Resources				\$ 15,075
		<b>4. TOTAL SUPPLIES &amp; MATERIALS:</b>		<b>\$ 27,123</b>
<b>5. CONTRACTUAL: (Subcontracts/Subrecipients)</b>				
<u>Name</u>	<u>Address</u>	<u>Amount</u>		
Consulting		\$ 6,000		
Legal Consulting		\$ 1,200		
		<b>5. TOTAL CONTRACTUAL:</b>		<b>\$ 7,200</b>
<b>6. EQUIPMENT: (Specify)</b>		<u>Amount</u>		
		<b>6. TOTAL EQUIPMENT:</b>		<b>\$ -</b>
<b>7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)</b>		<u>Amount</u>		
Communication:				
Space Cost:	Rent / Telephone	\$ 7,900		
Others (explain):	Business Insur + Ofc & Directors Insurance	\$ 1,300		
	Audit	\$ 5,000		
	Equip. Service Contract	\$ 500		
	Professional Development	\$ 624		
	Job Advertlsing / Employee Screening	\$ 280		
		<b>7. TOTAL OTHER EXPENSES:</b>		<b>\$ 15,604</b>
<b>8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)</b>		<b>8. TOTAL DIRECT EXPENDITURES:</b>		<b>\$ 105,000</b>
<b>9. INDIRECT COST CALCULATIONS:</b>				
Rate #1	Base \$	x Rate	=	\$ -
Rate #2	Base \$	x Rate	0.00%	= \$ -
		<b>9. TOTAL INDIRECT EXPENDITURES:</b>		<b>\$ -</b>
<b>10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)</b>				<b>\$ 105,000</b>
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal opportunity employer, services and programs provider.		
COMPLETION: Is Voluntary, but is required as a condition of funding.		Use Additional Sheets as Needed		
DCH-0399(E) (Rev. 06/07) (EXCEL) Previous Edition Obsolete				

# PROGRAM BUDGET - COST DETAIL SCHEDULE

ATTACHMENT B.2

View at 100% or Larger

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

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Of

Use WHOLE DOLLARS Only

PROGRAM Michigan Pregnancy & Parenting Support Services		BUDGET PERIOD From: 10/1/2013 To: 9/30/2015		DATE PREPARED 4/10/2015
CONTRACTOR NAME Real Alternatives		BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT		AMENDMENT # 3
1. SALARY & WAGES:	POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY
	Vice President			\$ 21,700
	Service Provider Approval			\$ 5,100
	Quality Control Coordinator			\$ 3,000
	Service Provider Monitoring			\$ 3,000
	Toll Free			\$ 845
	Accrued Vac & Sick			\$ 118
1. TOTAL SALARY & WAGES:			0.000	\$ 33,763
2. FRINGE BENEFITS: (Specify)				
<input checked="" type="checkbox"/> FICA	<input checked="" type="checkbox"/> LIFE INS	<input checked="" type="checkbox"/> DENTAL		\$ 10,561
<input checked="" type="checkbox"/> UNEMPL	<input checked="" type="checkbox"/> VISION INS	<input checked="" type="checkbox"/> WORKCOUNTP		
<input checked="" type="checkbox"/> RETIRE	<input type="checkbox"/> HEARING			
<input checked="" type="checkbox"/> HOSPLT	<input checked="" type="checkbox"/> OTHER:spe			
2. TOTAL FRINGE BENEFITS:			\$	10,561
3. TRAVEL: (Specify If category exceeds 10% of Total Expenditures)				
				\$ 4,900
3. TOTAL TRAVEL:			\$	4,900
4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)				
Client Education Materials				\$ 6,500
Pregnancy Test Kits				\$ 3,500
4. TOTAL SUPPLIES & MATERIALS:			\$	10,000
5. CONTRACTUAL: (Subcontracts/Subrecipients)				
Name		Amount		
Client Services		\$ 441,776		
Database Consulting		\$ 12,000		
5. TOTAL CONTRACTUAL:			\$	453,776
6. EQUIPMENT: (Specify)				
6. TOTAL EQUIPMENT:			\$	-
7. OTHER EXPENSES: (Specify If category exceeds 10% of Total Expenditures)				
Communication:		Amount		
Space Cost:	Services Advertising	\$ 71,000		
Others (explain):	Toll Free Referral System	\$ 1,000		
	Contract Closeout Cost	\$ 10,000		
7. TOTAL OTHER EXPENSES:			\$	82,000
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:		\$ 595,000
9. INDIRECT COST CALCULATIONS:				
Rate #1 Base \$	x Rate	0.00%	=	\$ -
Rate #2 Base \$	x Rate	0.00%	=	\$ -
9. TOTAL INDIRECT EXPENDITURES:			\$	-
10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)				\$ 595,000
AUTHORITY: P.A. 399 of 1978		The Department of Community Health is an equal opportunity employer, services and programs provider.		
COMPLETION: is Voluntary, but is required as a condition of funding.				
OCH-0368(E) (Rev. 08/07) (EXCEL) Previous Edition Obsolete		Use Additional Sheets as Needed		